

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ADMINISTRATION
DIVISION OF BUSINESS AND FINANCE
CONTRACT AMENDMENT

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1. AMENDMENT NO.: 27	2. CONTRACT NO.: AHCCCS # YH6-0014 DES # E 2007006	3. EFFECTIVE DATE OF MODIFICATION: October 1, 2006	4. PROGRAM: ALTCS/DDD
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: Tracy L. Wareing Director DES/DDD Site Code 791-A 1789 W. Jefferson Street Phoenix, AZ 85007			
6. PURPOSE: To amend Section D, paragraph 56 – Compensation as describe below.			

7. The contract referenced above is amended as follows:

- A. SECTION D, PARAGRAPH 56, COMPENSATION: To insert language for Medicare Part D copay funding for DDD members.

“Beginning October 1, 2006, AHCCCS also will use monies in the IGA Fund to pay the prescription drug copayment and administrative fee for DES/DDD members who are low income individuals qualifying for both Medicare and Medicaid. No FFP is available for these payments. Payment amounts will be made to the AHCCCSA Pharmacy Benefit Manager (PBM) responsible for coordinating with Medicare Part D drug pharmacy providers and will consist of a copayment per prescription of \$1, \$2, \$3 or \$5 and a PBM administrative fee. Payments to the PBM will be funded after Medicare phase-down payments but prior to monthly capitation if insufficient funds are remaining in the IGA Fund.”

Note: Please sign, date and return one original to:

Jamey Schultz
AHCCCS Contracts & Purchasing
701 E. Jefferson, MD5700
Phoenix, Arizona 85034

8. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT NOT HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL EFFECT.	
IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.	
9. NAME OF CONTRACTOR: CENCORP CONSULTING COMPANY, INC.	10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE:
TYPED NAME:	TYPED NAME: MICHAEL VEIT
TITLE:	TITLE: CONTRACTS AND PURCHASING ADMINISTRATOR
DATE:	DATE: